

Fill	in this information to identify your c	ase:					
Del	otor 1 Danielle L. V	Vhite					
	otor 2						
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA				
	se number 22-10870			Ch	eck if this is:		
(If kr	nown)				An amende	d filing	
_						ent showing postpetition chapter as of the following date:	
	fficial Form 106l				MM / DD/ Y	YYY	
S	chedule I: Your Inc	ome				12/1	Ę
	Describe Employment Fill in your employment information.	On the top of any additi	onal pages, write your name and Debtor 1	case	`	cnown). Answer every question or non-filing spouse	1
	If you have more than one job,		■ Employed		☐ Emplo		
	attach a separate page with information about additional employers.	Employment status	☐ Not employed		☐ Not er	nployed	
	. ,	Occupation	secretary				_
	Include part-time, seasonal, or self-employed work.	Employer's name	William Penn School Distric	ct			_
	Occupation may include student or homemaker, if it applies.	Employer's address	100 Green Ave Lansdowne, PA 19050				
		How long employed t	here?				
Par	t 2: Give Details About Mor	nthly Income					
spou	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to report for any li				_
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information for all emplo	yers i	or that perso	n on the lines below. If you need	
				For D	Pebtor 1	For Debtor 2 or non-filing spouse	
2.	List monthly gross wages, sala	•	' ' ^ ^		2,810.00	\$ N/A	

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

N/A	\$	2,810.00	\$	2.
N/A	+\$_	0.00	+\$_	3.
N/A	\$_	2,810.00	\$	4.

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Danielle L. White		C	Case number (<i>if ki</i>	nown)	22-10)870	
					For Debtor 1		For	Dobtor 2 or	
					FOI Debioi I			Debtor 2 or -filing spouse	
	Conv	y line 4 here	4.	-	\$ 2,810	00.0	\$	N/A	
	COP	y line 4 nere	٠.		Ψ		Ψ	11//	<u> </u>
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 509	5.00	\$	N/A	A
	5b.	Mandatory contributions for retirement plans	5b.			0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.			3.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.		\$	0.00	\$	N/A	
	5e.	Insurance	5e.			0.00	\$	N/A	
	5f.	Domestic support obligations	5f.			0.00	\$	N/A	
	5g.	Union dues	5g.		. —	9.00	\$	N/A	
	5h.	Other deductions. Specify:	5h.				+ \$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$ 927	7.00	\$	N/A	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 1,883		\$	N/A	_
			• •		1,000		–		<u>. </u>
8.	8a.	all other income regularly received: Net income from rental property and from operating a business,							
	ou.	profession, or farm							
		Attach a statement for each property and business showing gross							
		receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.			0.00	\$	N/A	<u> </u>
	8b.	Interest and dividends	8b.		\$	0.00	\$	N/A	<u> </u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive							
		Include alimony, spousal support, child support, maintenance, divorce							
		settlement, and property settlement.	8c.		\$ 332	2.00	\$	N/A	Δ
	8d.	Unemployment compensation	8d.			0.00	\$	N/A	
	8e.	Social Security	8e.		·	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive			Ť		–		<u> </u>
	•	Include cash assistance and the value (if known) of any non-cash assistance							
		that you receive, such as food stamps (benefits under the Supplemental							
		Nutrition Assistance Program) or housing subsidies.			•		•		_
	_	Specify:	_ 8f.			0.00	\$	N/A	
	8g.	Pension or retirement income	8g.		·	0.00	\$	N/A	
	8h.	Other monthly income. Specify: 2021 Tax Refund	_ 8h. _	.+		0.00	—	N/A	
		social security disability for daughter	_		\$ 772	2.00	\$	N/A	<u>4</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,204	1.00	\$	N	/A
		•	_	L					
10.	Calc	ulate monthly income. Add line 7 + line 9.	10.	\$	3,087.00	+ \$		N/A = \$	3,087.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		· —	0,001100	* -		- 10// -	0,007.100
11		e all other regular contributions to the expenses that you list in Schedule	, –			l I——			-
11.		de contributions from an unmarried partner, members of your household, your		nde	ents vour room	mates	and		
		r friends or relatives.	чоро		orno, your room	matoc	, and		
		ot include any amounts already included in lines 2-10 or amounts that are not a	availa	able	e to pay expens	es list	ed in S	chedule J.	
	Spec	ify:						11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The resist that amount on the Summary of Schedules and Statistical Summary of Certain							
	appli	,	n Liai	OIII	iles and Related	ı Dala	, 11 11	12. \$	3,087.00
	appin								
								Comb	
12	Do 1	ou expect an increase or decrease within the year after you file this form?	,					month	nly income
13.	y	No.	•						
	_								
		Yes. Explain:							I

Fill	in this information to identify your case:					
Deb	Danielle L. White				if this is:	
Deb	btor 2			_	in amended filing supplement show	ving postpetition chapter
	pouse, if filing)					the following date:
Unit	ited States Bankruptcy Court for the: EASTERN	I DISTRICT OF PENNS	/LVANIA	N	IM / DD / YYYY	
	se number 22-10870					
(lf kı	known)					
Of	fficial Form 106J					
Sc	chedule J: Your Expens	ses				12/1
info	as complete and accurate as possible. If ormation. If more space is needed, attach mber (if known). Answer every question.					
Par	rt 1: Describe Your Household					
1.	Is this a joint case?					
	No. Go to line 2.					
	Yes. Does Debtor 2 live in a separate	household?				
	☐ No☐ Yes. Debtor 2 must file Official I	Form 106.I-2 Expenses	for Separate House	hold of Debto	ur 2	
2		1 0111 1000 Z, ZAPONOCO	ror coparato riodeo	77074 01 20210		
2.	Do you have dependents? ☐ No					
	YAS	ill out this information for ach dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the					□ No
	dependents names.		Daughter		14	■ Yes
						□ No
						☐ Yes ☐ No
						☐ Yes
						□ No
_						☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No					
Par	rt 2: Estimate Your Ongoing Monthly E	Fynenses				
Est exp	timate your expenses as of your bankrupt penses as of a date after the bankruptcy is plicable date.	tcy filing date unless yo				
Incl	clude expenses paid for with non-cash go	vernment assistance if	you know			
the	e value of such assistance and have include fficial Form 106I.)				Your expe	enses
•	•					
4.	The rental or home ownership expense payments and any rent for the ground or lo		clude first mortgage	4. \$		544.00
	If not included in line 4:					
	4a. Real estate taxes			4a. \$		0.00
	4b. Property, homeowner's, or renter's i			4b. \$		0.00
	4c. Home maintenance, repair, and upk4d. Homeowner's association or condor			4c. \$ 4d. \$		0.00
5.	Additional mortgage payments for your		ne equity loans	5. \$		0.00

Debtor 1	Danielle L. White	Case numb	per (if known)	22-10870				
2	ion							
6. Utili 6a.	les: Electricity, heat, natural gas	6a.	\$	300.00				
6b.	Water, sewer, garbage collection	6b.	\$	75.00				
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	490.00				
6d.	Other. Specify:	6d.	\$					
	I and housekeeping supplies	— ou. 7.	\$	0.00 625.00				
			\$					
	dcare and children's education costs	8. 9.		0.00				
	ning, laundry, and dry cleaning		\$	50.00				
	onal care products and services	10.	\$	100.00				
	ical and dental expenses	11.	\$	50.00				
	sportation. Include gas, maintenance, bus or train fare.	12.	\$	120.00				
	ot include car payments. rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	75.00				
	itable contributions and religious donations	14.	\$	0.00				
	<u> </u>	14.	Φ	0.00				
5. Insu Don	ot include insurance deducted from your pay or included in lines 4 or 20.							
	Life insurance	15a.	\$	75.00				
	Health insurance	15b.		0.00				
	Vehicle insurance	15c.	\$	200.00				
	Other insurance. Specify:	15d.		0.00				
	s. Do not include taxes deducted from your pay or included in lines 4 or 20.	13u.	Ψ	0.00				
Spec	, , ,	16.	\$	0.00				
	illment or lease payments:		Ť					
17a.	Car payments for Vehicle 1	17a.	\$	0.00				
17b.	Car payments for Vehicle 2	17b.	\$	0.00				
17c.	Other. Specify:	17c.	\$	0.00				
17d.	Other. Specify:	17d.	\$	0.00				
	payments of alimony, maintenance, and support that you did not report as			0.00				
	icted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	·	0.00				
	r payments you make to support others who do not live with you.		\$	0.00				
Spec	·	19.						
	r real property expenses not included in lines 4 or 5 of this form or on Sche							
	Mortgages on other property	20a.	·	0.00				
	Real estate taxes	20b.		0.00				
	Property, homeowner's, or renter's insurance	20c.		0.00				
	Maintenance, repair, and upkeep expenses	20d.	·	0.00				
20e.	Homeowner's association or condominium dues	20e.		0.00				
. Othe	r: Specify:	21.	+\$	0.00				
. Calo	ulate your monthly expenses							
	Add lines 4 through 21.		\$	2,704.00				
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	<u>_,,,,</u>				
			· <u> </u>	2 704 00				
22C.	Add line 22a and 22b. The result is your monthly expenses.		\$	2,704.00				
	ulate your monthly net income.	•						
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,087.00				
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	2,704.00				
23c.	Subtract your monthly expenses from your monthly income.	23c.	\$	383.00				
	The result is your monthly net income.	230.	Ψ					
	Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a							
	ication to the terms of your mortgage?	mortgage p	ayını c ın to micre	ase of decrease because of				
■ N	, 5 5							